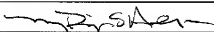



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/779,360-Conf. #7903
		Filing Date	February 13, 2004
		First Named Inventor	Gil G. Mor
		Art Unit	1657
		Examiner Name	B. Shen
Total Number of Pages in This Submission	6	Attorney Docket Number	Y0087.70012US00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B-Fee Transmittal; Office Communication

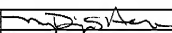
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	WOLF, GREENFIELD & SACKS, P. C.	
Signature		
Printed name	MaryDilys S. Anderson, Ph.D.	
Date	April 24, 2009	Reg. No. 52,560

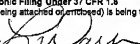
Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: April 24, 2009	Signature:  (Lisa A. Walsh)

Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/779,360-Conf. #7903
		Filing Date	February 13, 2004
		First Named Inventor	Gil G. Mor
		Examiner Name	B. Shen
		Art Unit	1657
		Attorney Docket No.	Y0087.70012US00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	35.00	

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number	23/2825	Deposit Account Name
Wolf, Greenfield & Sacks, P.C.			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
	Fee Description	Fee (\$)	Small Entity Fee (\$)				
	Each claim over 20 (including Reissues)			52	26		
	Each independent claim over 3 (including Reissues)			220	110		
	Multiple dependent claims			390	195		
	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
	- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)	
	HP = highest number of total claims paid for, if greater than 20.						
	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
	- 3 or HP =	x	=				
	HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
	- 100 =	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 2501 Utility issue fee						35.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	52,560
Name (Print/Type)	MaryDilys S. Anderson, Ph.D.	Telephone	617.646.8000
		Date	April 24, 2009

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or embodied) is being transmitted via the Office electronic filing system in accordance with § 1.8(e)(4).	
Date: April 24, 2009	Signature:  (Lisa A. Walsh)